

***Magnetic Media
Reporting Requirements
for***

***≡ New
≡ Employee
≡ Registry
≡ Program***

Tax Branch

July 1, 1998

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I. Introduction

Background

Originally Senate Bill 1423 established a New Employee Registry within the Employment Development Department (EDD) effective April 1, 1993. This legislation assisted the Department of Justice and Department of Social Services with the location of parents who should have been paying child support. The law required employers, who did business in specific industries, to report any employees who had been hired, rehired or returned to work after April 1, 1993. Targeted industries were required to report newly or rehired employees within 30 days of hire.

One component of the Welfare Reform Act (**the Personal Responsibility and Work Opportunity Reconciliation Act of 1996**) was improvement of the welfare of children through enhancement of child support enforcement. The federal government has expanded new employee reporting nationwide to locate more child support debtors. State legislation (Assembly Bill 67) passed to conform with the federal mandate and requires the expansion of the New Employee Registry (NER) program by **July 1, 1998**. The magnetic media specifications have been revised to accommodate the additional information the federal government will require. The NER is a centralized, confidential system that will receive information on all new hires in the State within twenty (20) calendar days of the employee's start-of-work date. This information will be used by state and federal agencies to locate parents nationwide who are delinquent in their child support payments. The new reporting requirements will also aid in reducing Unemployment Insurance (UI) benefit overpayments by allowing ineligible UI claimants to be detected more quickly.

Questions regarding the NER program may be directed to the NER Hotline at (916) 657-0529.

II. Program Requirements

Filing Requirements

If you are an employer that hires employees in more than one state, you can report all your new hires to one state. If you select this method, you must have employees in the state where you file your report and **you must file via magnetic media**. Multi-state filers who elect to file in one state, must submit written notification to the federal program's Secretary of the Department of Health and Human Services (DHHS). An employer can notify the Secretary of DHHS in one of three ways:

Filing
Requirements
(Continued)

1. Notify the Secretary in writing at the following address:

Department of Health and Human Services
Administration of Children and Families
Office of Child Support Enforcement
Multistate Employer Notification
P.O. Box 509
Randallstown, MD 21133

2. Notify the Secretary in writing by facsimile:

Department of Health and Human Services
Administration of Children and Families
Office of Child Support Enforcement
Multistate Employer Notification
1-410-277-9325

3. Notify the Secretary via the Internet by accessing the Multistate Employer option on the OCSE World Wide Web Home Page:
www.acf.dhhs.gov

California employers are encouraged to file new employee information on magnetic media. Employers with a monthly average of 50 or more new hires may find it cost beneficial to file using this method.

Application
Requirements

Form DE 164, Magnetic Media Filing Registration must be completed (Reference Registration Exhibit). Under the heading "Filing Information" please check the "**NER**" box.

The Approval
Process

Before an organization can begin reporting on magnetic media to the State it must first complete a Magnetic Media Filing Registration, form DE 164, and submit a test file. Test files may be submitted beginning April 1, 1998 prior to the initial reporting (July 1, 1998). The registration and test file should be mailed to:

Magnetic Media Coordinators, MIC 15
Employment Development Department
P.O. Box 826880
Sacramento, CA 94280-0001

Filing
Deadlines

New employee information must be submitted within twenty (20) calendar days of the employee's start-of-work date. Magnetic media filers must submit two monthly files which are not less than 12 days nor more than 16 days apart. Do not submit a magnetic media file if there have been no new hires.

Penalties	The Department may assess a penalty of \$24.00 for each failure to report a new hire.
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Acceptable Media	New employee information may be filed on any of the following types of media: 3 1/2 inch diskette, 5 1/4 inch diskette, one-half inch (1/2") 9 track magnetic reel tape, IBM compatible 3480 or 3490 tape cartridge. EDD prefers that 3 1/2 inch diskette files be submitted to optimize processing efficiency. Magnetic tapes and cartridges are returned after processing is completed. It is not cost effective for the Department to return diskette files.
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III. Magnetic Media Specifications and Format

Diskette Specifications	<p>Data must be written on either 3 1/2 inch or 5 1/4 inch diskettes, although 3 1/2 inch diskettes are preferred. Data must be recorded in standard ASCII code created on MS/PC-DOS operating systems. Data must be written in upper case letters only. All diskettes should be virus scanned before submission to EDD. If EDD detects a virus, the diskette(s) will be returned unprocessed. EDD does not accept back-up or compressed files. Acceptable density types are double sided double density and double sided high density. Multi-volume diskette files are acceptable. A multi-volume disk is a file for which the number of data records exceeds the capacity of a single diskette, so the data must be continued onto one or more subsequent diskettes, i.e., volumes. A multi-volume diskette file properly begins with a Code E4 record on volume 1 and ends with a Code T4 record on the last volume. The external diskette labels for a multi-volume file MUST indicate the proper sequence (e.g., VOL 2 of 3) for processing.</p>
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The file name should be reported as **"4NEWHIRE"**. Each record in the file must be created with a fixed length of 175 characters. If record delimiters are used (CR - Carriage Return followed by LF - Line Feed), they must follow the last character of each record and be placed in positions 176 and 177, respectively. You may report multiple employers on the same diskette file.

Tape/Cartridge Specifications	Data may be reported on either a one-half inch (1/2"), 9 track magnetic reel tape or IBM compatible 3480 or 3490 tape cartridges in the unpacked mode. For tape reel users, the recording density may be either 6250 or 1600 characters per inch (CPI). Density of 6250 is preferred. Tape cartridge users may use a density of 38,000 CPI. Compressed files are not acceptable. Tapes/cartridges may be submitted with either no label or standard IBM OS/VS header and
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Tape/Cartridge
Specifications
(Continued)

trailer labels. Labels must be separated from the data records by a tape mark. EDD prefers that magnetic tapes and cartridges be recorded in Extended Binary Coded Decimal Interchange Code (EBCDIC), however, tapes written in American Standard Code for Information Interchange (ASCII) are also acceptable. Header and trailers must be written in the same recording density as the data records.

Each record must be a uniform length of 175 characters (or 176). EDD prefers a 175 character record. If your system cannot produce an odd number record length, EDD will accept a 176 character length. In tape/cartridge files with a record length of 176, the 176th character must contain a blank which is coded in the same character set as the first 175 characters. For example, if the first 175 characters are coded in or translated to EBCDIC, character 176 must also be coded in or translated to EBCDIC. **Only upper case letters** are acceptable on magnetic media files. Tape and cartridge files are to be created with **30 records per block**. Records on the tape/cartridge must be created with a fixed block size. Tapes written with variable block sizes with record descriptor words are not acceptable and will be returned to the transmitter for correction. A short block is acceptable only at the end of the tape file.

Multiple employers may be reported on the same tape or cartridge file. However, EDD does not accept multiple-reel or cartridge files. EDD requires that each reel or cartridge to be a separate file; i.e., it must start with a Code E4-Employer Record and end with a Code T4 - Total Record.

Shipping
Instructions

Complete a DE 340A, transmittal form for NER (Reference Transmittal Exhibit) for each magnetic media file being submitted. Affix a completed transmitter identification label to each tape or diskette, and mail with the completed transmittal form to:

Employment Development Department
P.O. Box 997016
West Sacramento, CA 95799-7016

Information
Contact

Request for forms, labels or information relative to magnetic media reporting of NER may be obtained by calling (916) 654-6845 or writing to:

Magnetic Media Coordinators, MIC 15
Employment Development Department
P.O. Box 826880
Sacramento, CA 94280-0001

New Employee Registry Format

General Record Usage Information

This format is used by both magnetic tape/cartridge and diskette filers. There are three record types that are required to create a new hire report. Use the information provided below as well as the technical requirements and specifications for either diskettes or tape/cartridges to prepare the report. The Code E4 - Employer Record identifies an employer whose new hire information is being reported. The Code W4 - Employee Data Record is used to report individual new employee data. A separate Code W4 record must be generated for each new hire to be reported. The Code T4 - Total Record contains the total number of Code W4 records reported since the last Code E4 record. A Code T4 record must be generated for each Code E4 record.

CODE E4 - EMPLOYER RECORD

LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
1-2	Record Identifier	2	Enter "E4". Every state employer account number and branch must begin with a Code "E4" record.
3-11	Federal Employer Identification Number (FEIN)	9	Enter the employer's assigned FEIN.
12-19	State Employer Account Number	8	Enter the number assigned by the California EDD. A seven digit account number followed by a check digit. Left justify and zero fill. Omit hyphens (Example: If your employer account number is 123-4567-8 positions 12-19 should contain the value 12345678).
20-22	Branch Code	3	If registered with the department as a branch coded employer enter the applicable branch code for each employee. Left justify and blank fill.
23-67	Employer Name	45	Left justify and blank fill.
68-107	Street Address	40	Left justify and blank fill.
108-132	City	25	Left justify and blank fill.
133-134	State	2	Use the standard FIPS postal abbreviation.
135-139	Zip Code/Foreign Postal Code	5	Enter a valid ZIP Code. For a foreign address, use this field for the Foreign Postal Code. Left justify and blank fill.
140-143	Zip Code Extension	4	Use this field for the four digit extension of the Zip Code. Left justify and blank fill. If this field is not applicable, leave blank.
144-175	Blank	32	Enter blanks.

CODE W4 - EMPLOYEE DATA RECORD

LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
1-2	Record Identifier	2	Enter "W4".
3-11	Employee SSN	9	Enter the employee's social security number. If unknown, zero fill.
12-27	Employee First Name	16	Enter the employee's first name. Left justify and blank fill.
28	Employee Middle Initial	1	Enter the employee's middle initial. If no middle initial, leave blank.
29-58	Employee Last Name	30	Enter the employee's last name. Left justify and blank fill.
59-98	Employee Street Address	40	Left justify and blank fill.
99-123	City	25	Left justify and blank fill.
124-125	State	2	Use the standard FIPS postal abbreviation.
126-130	Zip Code/Foreign Postal Code	5	Enter a valid ZIP Code. For a foreign address, use this field for the Foreign Postal Code.
131-134	Zip Code Extension	4	Use this field for the four digit extension of the Zip Code. If this field is not applicable, leave blank.
135-142	Employee Date of Hire	8	Enter the date of hire in a YYYYMMDD format.
143-175	Blank	33	Enter blanks.

CODE T4 - TOTAL RECORD

LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
1-2	Record Identifier	2	Enter "T4".
3-13	Number of Employees Reported	11	Enter the total number of Code "W4" records reported since the last Code "E4" record. Right justify and zero fill.
14-175	Blank	162	Enter blanks.



Serving the People of California



MAGNETIC MEDIA FILING REGISTRATION

Send to:

MAGNETIC MEDIA COORDINATORS, MIC 15
EMPLOYMENT DEVELOPMENT DEPARTMENT
P.O. BOX 826880
SACRAMENTO, CA 94280-0001
(916) 654-6845

Please complete the following information if your company plans to file on magnetic media.

Transmitting Company Name	Date
Address	Federal Employer Identification Number
City, State and ZIP	State Employer Account Number
Contact for Technical Information (Name) Title	Telephone Number and Extension ()

FILING INFORMATION

Please indicate the document type(s) you plan to file and the filing period when you plan to begin filing on magnetic media.	
<input type="checkbox"/> DE 6 <input type="checkbox"/> 1 st Quarter <input type="checkbox"/> 2 nd Quarter <input type="checkbox"/> 3 rd Quarter <input type="checkbox"/> 4 th Quarter Year: _____	
<input type="checkbox"/> NER _____ <input type="checkbox"/> Other _____	
Please indicate the estimated average number of employees to be reported during the reporting period. _____	
Do you plan to act as a transmitter for other Employers?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please prepare a list of the names, State Employer Account Numbers, Federal Employer Identification Numbers (FEIN) and estimated numbers of employees of those employers you plan to report for and attach it to this form.	
Do you plan to purchase software or services to create your media file?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the following information:	
Software/Service Company Name	Representative Name Telephone Number ()

SYSTEM/MEDIA CHARACTERISTICS

TAPE	DISKETTE
Computer Make/Model:	System Model; e.g., IBM System 36:
Recording Density (BPI): <input type="checkbox"/> 6250 <input type="checkbox"/> 1600	Operating System; e.g., MS-DOS V4.0:
Coding Structure: <input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII	Diskette Size: <input type="checkbox"/> 5 1/4" <input type="checkbox"/> 3 1/2"

AUTHORIZED REPRESENTATIVE OF ORGANIZATION

Name and Title (Type or Print)	Telephone Number ()
Signature	Date

State of California / Employment Development Department
P.O. Box 997016 / West Sacramento CA 95799-7016
(916) 654-6845

Transmittal Date: _____

TRANSMITTAL FOR NEW EMPLOYEE REGISTRY PROGRAM

PART I TRANSMITTER / CONTACT INFORMATION

Transmitting Firm Name and Address _____ _____ _____ _____	Transmitting Firm's State Employer Account Number _____ Transmitting Firm's contact person: Name: _____ Phone: _____
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PART II FIRM(S) BEING REPORTED

(Attach additional sheets if needed. Computer printouts of the required data may also be attached).

Employer Name (Firm #1)		Employer Name (Firm #2)	
State ID Number	No. New Hires Reported	State ID Number	No. New Hires Reported
Employer Name (Firm #3)		Employer Name (Firm #4)	
State ID Number	No. New Hires Reported	State ID Number	No. New Hires Reported
Employer Name (Firm #5)		Employer Name (Firm #6)	
State ID Number	No. New Hires Reported	State ID Number	No. New Hires Reported
Employer Name (Firm #7)		Employer Name (Firm #8)	
State ID Number	No. New Hires Reported	State ID Number	No. New Hires Reported

Total Number of New Hires Reported on File _____

PART III MAGNETIC MEDIA FILE INFORMATION

☐ 9 Track Magnetic Tape ☐ 3480 Cartridge ☐ 3490 Cartridge

Internal Label:

☐ Yes ☐ No

☐ Diskette

☐ 5 ¼ Inch ☐ 3 ½ Inch



**Gray Davis
Governor
STATE OF CALIFORNIA**

**Grantland Johnson
Secretary
HEALTH AND HUMAN SERVICES AGENCY**

**Michael Bernick
Director
EMPLOYMENT DEVELOPMENT DEPARTMENT**